STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

## SALARY GARNISHMENT CHILD SUPPORT/FAMILY SUPPORT

(PPSD 638)

## Reference Payroll Procedures Manual Section H 300

NOTE: Submit original to the State Controller's Garnishment Unit. Submit original, one copy, and court order.					CUMENT NUMBER	
1. AGENCY NAME				4. POSITION NUME		(0 : 1)
2. SOCIAL SECURITY NUMBER 3. NAME (F.I) (M.I.) (LAST)				(Agency)	Unit) (Class)	(Serial)
5. EFFECTIVE DATE	6. ACTION TYPE	NEW	MODIFICATION OR	<u>;</u>	CANCELLATION OF GARNISHME	<u> </u>
7. PAY FREQUENCY	MONTH	IIY — SEMI-N	CORRECTION OF ITEM	BI-WEEKLY	ORIGINAL EFFECTIVE DATE	
8. CHILD SUPPORT GARNISHMENT AI						
A. COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)						
\$ (MONTHLY AMOUNT) DEDUCTION AMOUNT						
\$ (DEDUCTION AMOUNT PER						
B. (339/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT – ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.)  (including <i>FTB</i> Child Support Collection Program, Revenue & Taxation Code 19271)						
9. TOTAL GARNISHMENT AMOUNT \$						
10. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B.)						
A TERMINATION DATE OF EARNINGS WITHHOLDING ORDER						
B MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH \$						
C SUPPORT EXEMPTION AMOUNT \$						
D SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH \$						
11. FOR DEPARTMENT OF CHILD SUPPORT SERVICES USE ONLY						
EMPLOYEE ADDRESS						
EMPLOYEE DATE OF BIRTH (MM) (DD) (YYYY)						
Must be completed Case Number						
12. ENTER CASE NUMBER	t <b>€</b>			1 1 1		
PAYEE NAME	I + I					
₩.	C / O	S D U				
	P O	вох	9 8 9 0	6 7		
	WES	T SA	CRAM	ENTO	C A 9	5 7 9 8
40. DEMARKO						
13. REMARKS						
14. FORM COMPLETED BY TELEPHONE AND EXTENSION 15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE						
WITH B/C RULE 660  AUTHORIZED SIGNATURE DATE						
<b>21</b>						
TYPED NAME						